



Please type a plus sign (+) inside this box → [+]

PTO/SB/21 (08-00)

Approved for use through 10/31/2002. OMB 0651-0031

U.S. Patent and Trademark Office: U.S. DEPARTMENT OF COMMERCE

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

TRANSMITTAL FORM <i>(to be used for all correspondence after initial filing)</i>		Application Number	10/656,245
		Filing Date	September 8, 2003
		First Named Inventor	Gary J. MULLEN
		Group Art Unit	Not Yet Assigned
		Examiner Name	Not Yet Assigned
Total Number of Pages in This Submission		Attorney Docket Number	030640-2

ENCLOSURES (check all that apply)

<input type="checkbox"/> Fee Transmittal Form <input type="checkbox"/> Fee Attached <input type="checkbox"/> Amendment / Reply <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Certified Copy of Priority Document(s) <input checked="" type="checkbox"/> Response to Notice to File Corrected Application Papers <input checked="" type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Assignment Papers <i>(for an Application)</i> <input type="checkbox"/> Drawing(s) <input type="checkbox"/> Declaration and Power of Attorney <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s) _____	<input type="checkbox"/> After Allowance Communication to Group <input type="checkbox"/> Other
Remarks <input checked="" type="checkbox"/> The Commissioner is hereby authorized to charge any additional fees required or credit any overpayments to Deposit Account No. 19-2380 for the above identified docket number.		

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

Firm or Individual name	Jerome W. Massie IV, Reg. No. 48, 118 Nixon Peabody LLP 401 9 th Street, N.W. Suite 900 Washington, D.C. 20004-2128
Signature	
Date	January 23, 2004

CERTIFICATE OF MAILING

I hereby certify that this correspondence is being deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: Commissioner for Patents, Washington, DC 20231 on this date:

Type or printed name	
Signature	

Date

Burden Hour Statement: This form is estimated to take 0.2 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, Washington, DC 20231.



IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re Patent Application of:)
Gary J. MULLEN) Examiner: Not yet assigned
Serial No. 10/656,245) Group Art Unit: Not yet assigned
Filed: September 8, 2003) Date: January 23, 2004
For: AN APPARATUS FOR TREATING)
PNEUMOTHORAX AND/OR
HEMOTHORAX)

RESPONSE TO NOTICE TO FILE
CORRECTED APPLICATION PAPERS

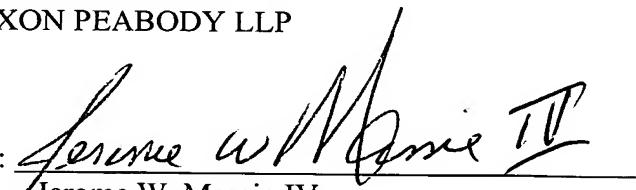
Mail Stop **MISSING PARTS**
Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

Sir:

In response to the Notice to File Corrected Application Papers dated December 2, 2003, submitted herewith are three (3) sheets of corrected formal drawings, consisting of Figures 1, 4 and 5, for filing in the subject application.

It is respectfully requested that this change be reviewed and approved by the Examiner prior to the issuance of the subject application.

Respectfully submitted,
NIXON PEABODY LLP

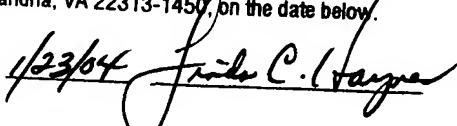
By: 
Jerome W. Massie IV
Registration No. 48,118

NIXON PEABODY LLP
Suite 900
401 9th Street, N.W.
Washington, DC 20004-2128

Telephone: (202) 585-8000
Facsimile: (202) 585-8080

Certificate of Mailing - 37 CFR 1.8(a)

I hereby certify that this correspondence is being deposited with the United States Postal Service as first class mail in an envelope addressed to:
Commissioner for Patents P.O. Box 1450
Alexandria, VA 22313-1450, on the date below.

Dat  1/23/04